



*The Commonwealth of Massachusetts*  
*Department of Fire Services – Office of the State Fire Marshal*  
*P.O. Box 1025, State Road, Stow, MA 01775*



**PERMIT FOR INSTALLATION OF CARBON MONOXIDE TECHNICAL OPTIONS**  
**527 CMR 31.05**

City/Town

Date

Address of Installation:

In accordance with the provisions of  
M.G.L. 148 Sec. 26F½ and 527 CMR  
31 application is hereby made by:

(Person)

(Firm)

(Address)

(City/Town) (State)

(Tel.)

Permit No.

Fee

For permission to install carbon  
monoxide alarm protection in  
accordance with technical option(s)

- ☐ ..... Option A  
☐ ..... Option B  
☐ ..... Option C  
☐ ..... Option D  
☐ ..... Option E  
☐ ..... Option F  
☐ ..... Option G  
☐ ..... Option H

*(Check all that apply)*

Signature of Applicant

**FIRE DEPARTMENT USE ONLY:**

Approval for installation granted

Date

Signature and Title of Fire Department Official

Completed installation approved

Date

Signature and Title of Fire Department Official

**Original to Fire Department**  
**Copy to Applicant**